

MDR Tracking Number: M5-04-0388-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-06-03. Per Rule 133.308(e)(1) date of service 10-04-02 was not timely filed.

The IRO reviewed pain management program rendered from 10-07-02 through 01-13-03 that was denied based upon "U" and "V".

The Medical Review Division has reviewed the IRO decision and determined that the requestor **did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 12-15-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
10/21/02 through 11/18/02 (5 DOS)	97799-CP	\$6,255.00 (\$1,251.00 (6 units per day X 5 DOS)	\$2,126.70 (\$1,063.35 paid on DOS 10-21-02 and 10-25-02)	F	DOP	Rule 133.307(g)(3)(A-F)	The requestor submitted relevant information to support DOP criteria. Additional reimbursement is recommended in the amount of \$4,128.30
TOTAL		\$6,255.00	\$2,126.70		DOP		The requestor is entitled to reimbursement

							in the amount of \$4,128.30
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This Decision is hereby issued this 12th day March 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 8-28-01 through 12-28-01 in this dispute.

This Order is hereby issued this 12th day of March 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dlh

March 8, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0388-01
IRO Certificate No.: IRO 5055

REVISED DECISION **Corrected dates of service.**

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This 45-year-old female claimant sustained injury to her right knee and right ankle, and a fracture of the head of the radius in a work-related accident on _____. She required no special treatment of the radial head fracture.

The ankle, likewise, was treated conservatively without surgery. The knee was evaluated and was her worst problem. The record indicates she had advanced chondromalacia of the patella with advanced degenerative arthritis in the knee prior to the injury. The injury represented a temporary aggravation of her pre-existing condition in her knee. She was treated conservatively, but this treatment did not give her any relief of symptoms.

Arthroscopic surgery on 06/02/02 included debridement of the degenerative changes in her knee with partial meniscectomy and synovectomy. After this procedure, the patient continued to have symptoms in her knee, resulting in difficulty in returning to work. She received extensive physical therapy for many months after the surgery.

Following this time, a pain management doctor suggested psychological counseling, biofeedback techniques, and an extensive pain management program. The record indicates that the patient went through this program for 102 days, from 09/16/02 through 12/27/02. One therapist's evaluation states that the patient's compliance and motivation was poor, and she was only minimally involved. Her attendance was only sporadic, reported to be approximately 50%. The record does not support that she actually made any progress with this pain management program.

Prior to beginning the pain management program, the patient had been for evaluation by a Board Certified orthopedic surgeon on 02/05/02. This physician stated that he saw no need for any further formal physical therapy at that time. He stated that the patient had reached Maximum Medical Improvement, and suggested she continue a home exercise program with over-the-counter analgesics.

Disputed Services:

Pain management program from 10/07/02 through 01/13/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the pain management program in dispute was not medically necessary in this case.

Rationale:

The orthopedic surgeon, following examination of the patient on 02/05/02, stated that the patient did not need formal physical therapy. The records indicate that the patient made no progress in this program, she only attended 50% of the time and lacked motivation. It is reported that she was only minimally involved in the treatment measures of the program. Such a pain management program was not medically necessary or indicated for the treatment of this patient.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.